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CONFIRMATION NO. 5753

SERIAL NUMBER 10/736,887	FILING DATE 12/15/2003 RULE	CLASS 244	GROUP ART UNIT 3643	ATTORNEY DOCKET NO. IOS9601CIPB
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APPLICANTS

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**** CONTINUING DATA *Yes RPS* *******
 This application is a CIP of 10/298,138 11/15/2002 ABN *
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *None RPS* *******

IF REQUIRED, FOREIGN FILING LICENSE
 GRANTED
 ** 08/30/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 16	TOTAL CLAIMS 102	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged *RPS w/atch*
 Examiner's Signature Initials

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TITLE
 In orbit space transportation & recovery system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

<p>RECEIVED 1188</p>	<p>ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
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